

# **EXHIBIT D**



**NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN  
&  
BERT BELL/PETE ROZELLE NFL PLAYER RETIREMENT PLAN**

**ORTHOPEDIC SURGEON  
NEUTRAL PHYSICIAN PANEL**

**ORIENTATION MANUAL**

Rev. 6/2019

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## PREFACE

Welcome to the neutral orthopedic surgeon panel of the NFL Player Disability & Neurocognitive Benefit Plan and the Bert Bell/Pete Rozelle NFL Player Retirement Plan and 88 Plan (together, the “NFL Player Plans”). There are a number of other panel members situated in various geographic locations across the United States. Your fellow panel members are experienced clinicians who, like you, have been selected to perform neutral examinations of former NFL players who are applying for benefits.

This manual is designed to provide a general orientation on topics that will assist you in understanding current benefit programs, performing assessments, and completing the appropriate reports needed for the Plans to make decisions regarding a Player’s benefits application. The NFL Player Plans have specific assessment and reporting requirements, which you will find straight forward. If you have any questions, you may contact any of the following for guidance:

- Sam Vincent, NFL Player Benefits Office, at [svincent@nflpb.org](mailto:svincent@nflpb.org)
- Lashay Rose, NFL Player Benefits Office, at [irose@nflpb.org](mailto:irose@nflpb.org)
- Harlan Selesnick, Consulting Orthopedic Surgeon, at [harlans@baptisthealth.net](mailto:harlans@baptisthealth.net)
- Aakash Shah, Medical Director, at [ashah528@gmail.com](mailto:ashah528@gmail.com)

## NEUTRALITY

The NFL Player Plans strive to ensure that every Player who is referred for evaluation is fully and fairly evaluated by one or more neutral physicians. To that end, the NFL Player Plans expect that each panel member will:

1. Personally evaluate Players and conduct appropriate testing following the standards described in this manual.
2. Personally review and evaluate all records provided.
3. Personally complete necessary report forms and comprehensive narrative reports for each Player evaluated in a timely manner, and no later than 10 days after the examination.
4. Conduct each test and examination and prepare the written report to the highest professional standards without any bias or favoritism for or against any Player.
5. Apply the standard applicable to the specific benefit for which the player has applied, even where that standard is different from other standards you may use in other areas of your practice.
6. Verify, prior to submitting reports, that test results and other data are reported thoroughly and accurately.
7. Refrain from participating in any other NFL or NFLPA program.
8. Refrain from publicly discussing the Plans and the evaluation programs.
9. Have no conflict of interest that would impact their evaluations.
10. Be judicious in public and professional forums with regard to comments, interviews, and talks that could create the appearance of bias about concussions, neurocognitive impairment, athletes, etc. This is in no way intended to inhibit involvement in scientific, academic, and training activities, but to prevent unwarranted suggestions of bias.

You should not examine a Player on behalf of the NFL Player Plans if you are his current treating physician, or if you have evaluated or treated him in the past. The evaluations are “independent medical examinations,” or IMEs. There is no doctor/patient relationship. You should not provide treatment, or recommend treatment, medication, or advice about vocational matters or rehabilitation. You should, however, comply with your legal and ethical obligations with respect to reporting or referrals, for example, if you determine a Player is a threat to himself or others. You also may provide contact information for the NFL Lifeline program to a Player.

## OVERVIEW OF BENEFITS

The following descriptions are focused on your work as a Plan neutral physician, and omit the non-medical aspects of these benefits.

Players sign a HIPAA authorization when they complete their disability benefit applications allowing the Plan to share the Player's medical records for disability benefit purposes. However, HIPAA does not technically apply to the disability benefits, because such benefits are not paid from a health plan.

### A. Total and Permanent Disability (T&P) Benefits

The standard for T&P benefits is whether (1) the player is **substantially prevented from or is substantially unable to engage in any occupation for remuneration or profit**, and (2) the condition is **permanent**. The educational level and prior training of a Player will not be considered in determining whether the Player is "unable to engage in any occupation or employment for remuneration or profit." A disability is "permanent" if it has persisted or is expected to persist for at least 12 months from the date of its occurrence, excluding any reasonably possible recovery period.

T&P disability does not require that the impairment(s) be related to NFL participation. In other words, players may be eligible for T&P benefits even if their impairments are unrelated to NFL participation. In some cases, however, causation is relevant to determining the amount of a Player's T&P benefit. Therefore, you may be asked by the NFL Player Benefits Office whether a particular Player's totally and permanently disabling condition arises out of NFL football activities. In cases where the Player is examined by multiple Plan neutral physicians in different medical specialties for the benefit, it is not expected that the Plan neutral physicians will confer with each other.

### B. Line-of-Duty Disability (LOD) Benefits

For a Player to receive LOD benefits, he must have a **substantial disablement arising out of League football activities**. The NFL Player Plans have developed a "Point System" (Appendix A) to determine whether a Player's orthopedic impairments constitute a substantial disablement.

## SCHEDULING AND EXAMINATION PROCESS

After a Player applies for a benefit, you will be contacted by a Benefits Coordinator requesting an appointment date. Once you provide the Benefits Coordinator with potential appointment date(s), the Benefits Coordinator will notify the Player of the date, time, and place of the examination they have confirmed with you. The case manager will then send you medical records the Player has submitted with his application, along with a copy of the appointment letter and the appropriate disability report form(s) (T&P or LOD) via encrypted email. You must certify in writing that you have reviewed all the application(s) and medical records provided to you for each Player examined

In most cases, the NFL Player Plans must issue a written decision on a Player's application within certain time frames, which in turn means that Players will need to be seen as soon as is reasonably possible. There are times when Players are scheduled and then must be moved to a different date or cancelled. The Benefits Coordinator will inform you of all changes in scheduling as soon as they become aware of them. Players may arrive late for their examination. You must determine if their late arrival precludes completing the examination and, if so, contact the Benefits Coordinator immediately. In a small number of cases, Players will not show for their examination. In such cases, you should notify the Benefits Coordinator immediately and submit a bill for a no-show fee.

## EXAMINATION STANDARDS

The following examination standards apply across all of the NFL Player Plans previously described.

1. Plan neutral physicians are generally asked to evaluate only the conditions/issues that the Players have identified in their application for benefits. In the orthopedic context, you will typically be performing a **comprehensive, full-body, orthopedic examination** on the Player.
  - The orthopedic examination should include cervical spine, thoracic spine, lumbar spine, both shoulders, both elbows, both wrists, both hands, bilateral fingers, both hips, both knees, both ankles, both feet, and both toes.
  - Where applicable, the examination should include range of motion, strength, stability, and function.
  - Radiographs of the injured joints or spine should be obtained, when indicated, in your office.
  - MRI reports from the medical record should be reviewed and noted in your report when relevant to the Player's orthopedic complaints.
2. Your assessment should be a "snapshot" of the Player's condition on the day of the examination, in that the assessment should not take into account future treatment that the Player can undertake for his condition(s).
3. Stay within your area of medical expertise/specialty. Players with impairments that involve other medical specialties will be referred to physicians in the applicable medical specialties, if the Player identified such impairments on his application.
  - In one limited circumstance, you may identify impairments outside your area of specialty. That is where you specifically believe that the benefit determination should take such impairments into account. In that case, the NFL Player Benefits Office may refer the Player for examination by a specialist in the appropriate field for that impairment. To avoid confusion, please make any such recommendations clear and unambiguous. For example, a neurologist might say "due to severe depression and anxiety, the Player should be evaluated by a neutral psychiatrist to determine if he qualifies for T&P benefits."
4. If you merely think that the Player should be examined by a personal physician in connection with impairments outside of your medical specialty, you may say so, but refrain from giving a definitive diagnosis outside your area of expertise. You may say, for

example, that the Player has possible or probable major depression and/or other psychiatric disorders and that he may benefit from a psychiatric consultation.

5. Review all medical records provided to you by the NFL Player Benefits Office. Except for imaging studies, Players should not bring medical records with them to the examination. All medical records should come from the NFL Player Benefits Office.
6. Players are expected to fully participate in and cooperate with examinations.
7. Outside of the examination(s), Players (and their family members or representatives) should not attempt to contact you or your staff. Players may obtain copies of your reports directly from the NFL Player Benefits Office.
8. Players also are not permitted to record examinations under any circumstances.
9. If a Player acts inappropriately or threatens you or any other Plan neutral physician, notify the NFL Player Benefits Office immediately.
10. If a Player states he has active suicidal thoughts, you may immediately call emergency personnel and/or escort the Player to the emergency department.

## WRITTEN REPORTS

T&P and LOD benefits have different report forms that must be completed following your examination. The report form for each benefit is tailored to the standards of that benefit. **You should review and be familiar with all report forms prior to completing an examination.**

The T&P and LOD forms will be completed by you alone. In some cases, Players will apply for one or more benefits at the same time and you will be required to complete multiple forms. For instance, if Players apply for T&P and LOD simultaneously, you will be required to address the criteria for both benefits in your report and fill out the respective forms for each benefit.

In addition to the report forms, you are expected to provide a narrative report of your examination. The following rules apply generally to such narrative reports:

1. The historical/physical exam sections of your report should contain all relevant facts. In your impression/discussion section, you should take care to support opinions with information contained in those earlier sections.
2. Comment on treating physician, orthopedist or vocational expert reports in the record, to the extent you disagree with the views in such reports in any material way.
3. Provide a clear and definitive conclusion regarding the benefits at issue, following the standards described above.
4. Remember your audience. The NFL Player Plans' decision-makers are not medical professionals. The same is true for the Players, attorneys, and judges who may have occasion to review your reports. Therefore, your reports should not only be accurate and complete, but they should also be understandable from a layperson's perspective.
5. You should state in your report how many pages of records were included for review.

For all forms and templates, please take care to complete each item and include all appropriate comments. You should not skip any section.

### A. T&P Report Form (Appendix A)

The T&P report form requires you to provide information regarding the date of your examination, whether you or any of your colleagues in your practice have ever treated the Player, and other basic facts. You will be asked to describe the Player's impairments in your medical specialty, and state whether each such impairment **"has persisted or is expected to persist for at least 12 months from the date of its occurrence,"** excluding any possible recovery period. You will also be asked to state whether the Player is **substantially prevented from or substantially unable to engage in any occupation for remuneration or profit** and, if so, what conditions prevent the

Player from working. If you find the Player is able to work, you will be asked to identify what type of activity he can perform and any limitations on his activity. Please do not state a specific job title; i.e., the Player can be a teacher, car salesman, coach, etc. Finally, you will have the option to provide additional remarks as indicated by your examination.

You should accompany the T&P report form with a detailed narrative, identifying the medical records provided to you, certifying that you have reviewed those medical records, describing the Player's medical history, listing the medical tests you performed, and so on. You should also include your T&P conclusion, along with a full discussion of the facts and circumstances that support your conclusion.

#### **B. LOD Report Form (Appendix B)**

The LOD report form is similar but different from the T&P report form. When completing the LOD report form, you will be asked the same questions regarding your examination date, any history of treating the Player, and the nature of the impairment (LOD report form page 1). You will be asked to rate the Player's orthopedic impairments according to the Point System at Appendix A.

#### **C. Additional LOD Point System Rules**

The LOD Point System is a one-of-a-kind rating system developed by the NFL and the NFL Players Association through collective bargaining. Here we address some common questions about and scenarios you might encounter under the Point System.

A Player is awarded points only if his orthopedic impairment is documented according to the following rules:

1. A Player is awarded points for documented surgeries, injuries, and degenerative joint disease only if they are related to League football activities.
2. A Player is awarded points for a surgical procedure if the record includes an operative report for the qualifying procedure or if NFL Club records document the procedure. Surgical procedures reported through third party evaluations, such as independent medical examinations for workers' compensation, should not be used unless corroborating evidence is available to confirm the procedure and its relationship to League football activities.
3. Points are awarded for symptomatic soft tissue injuries where the injury is documented and there are appropriate, consistent clinical findings that are symptomatic on the day of exam. For example, AC joint injuries must be documented in medical records and be symptomatic on examination, with appropriate physical findings, to award points.

4. If an injury or surgery is not listed in the Point System, no points should be awarded.
5. Medical records, medical history, and the physical examination must correlate before points can be awarded.
6. If a lateral clavicle resection is given points, additional points cannot be awarded if the AC joint is still symptomatic, such as with AC joint inflammation or shoulder instability.
7. Moderate or greater degenerative changes must be seen on x-ray to award points (i.e., MRI findings do not count).
8. Players must have moderate or greater loss of function that significantly impacts activities of daily living, or ADLs, to get points.
9. Cervical and lumbosacral spine injuries must have a documented relationship to League football activities, with appropriate x-ray findings, MRI findings, and/or EMG findings to be rated.
10. In cases where an injury is treated surgically, points are awarded for the surgical treatment/repair only, and not the injury preceding the surgical treatment/repair. For example, a Player may receive points for "S/P Pectoralis Major Tendon Repair," and if so he will not receive additional points for the "Pectoralis Major Tendon Tear" that led to the surgery.
11. As indicated in the Point System Impairment Tables, some injuries must be symptomatic on examination to merit an award of points under the Point System.
12. To award points for a subsequent procedure on the same joint/body part, the Player must recover from the first procedure and a new injury must occur to warrant the subsequent procedure. Otherwise, a revise/redo of a failed procedure would be the appropriate impairment rating.
13. Hardware removal is not considered a revise/redo of a failed surgery, and points are not awarded for hardware removal.
14. Multiple impairment ratings may be given related to a procedure on the same date, i.e., partial lateral meniscectomy and microfracture or chondral resurfacing.
15. When an ankle ORIF with soft tissue occurs, there should be no additional points for syndesmosis repair or deltoid ligament repair.
16. The NFL Combine, NFL Europe League, NFL tryouts, Arena Football, and Canadian Football League, are not to be considered NFL related activities.

## PRACTICAL CONSIDERATIONS

1. Familiarize yourself with the benefit at issue, and the benefit criteria, in advance of each exam, so you are sure to address these criteria in your interview and report.
2. Focus your impression and conclusions on the criteria for the specific benefit at issue. For instance, if the Player is applying for LOD benefits, whether the Player can work is not relevant.
3. A consent form is signed by each Player with his application for benefits, but you may use your own consent form as long as it does not conflict with the content in the NFL Player Benefits form.
4. In some cases, you will see Players who are appealing an earlier adverse decision regarding their benefits application. If you are seeing a Player on appeal, you may encounter some resentment that they were denied benefits based on an earlier examination. You should reassure the Player that you will perform the examination according to guidelines and will provide an objective opinion based on current history and test data.
5. All Players should be given a handout related to resources available from NFLLifeline.org. You may also show them the website. Most Players are unaware of this resource and should be encouraged to contact the program.
6. If in your judgment a Player is at high or imminent risk for self-injury and you refer them for immediate psychiatric intervention or hospitalization, notify the NFL Player Benefits Office immediately. Similarly, if a Player is found to have a medical condition that requires immediate emergency medical intervention and you send him to the emergency room, notify the NFL Player Benefits Office immediately.

## APPENDIX A

**PHYSICIAN REPORT FORM**  
**TOTAL & PERMANENT DISABILITY BENEFITS**

**Notice to Physician:** To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

**To be completed by NFL Player Benefits Office:**

**Player's name:** **DOB:** **Phone:**

**Player's address:**

**Player's Credited Seasons:**

**Claimed impairments:**

1. Did you receive records for this Player?  YES |  NO If so, how many pages? \_\_\_\_\_
2. Did you evaluate the Player?  YES |  NO If so, when? \_\_\_\_\_
3. Have you or your colleagues ever treated the Player previously?  YES |  NO
4. Based on your evaluation, what is the nature of the Player's impairment(s)?  
 (Attach additional sheets if necessary.)

Impairment to	Cause of impairment		
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____	
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown	
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____	
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown	
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____	
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown	

5. In your opinion, is the Player **totally and permanently disabled** to the extent that he is substantially unable to engage in any occupation for remuneration or profit?  YES |  NO  
 Unable to Determine

If you checked YES:

- Describe the impairments and explain how they prevent the Player from working. \_\_\_\_\_

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- Has the Player's condition persisted or is it expected to **persist for at least 12 months** from the date of its occurrence, and excluding any reasonable recovery period?  YES |  NO

If you checked NO:

- Describe the type of employment in which the Player can engage. \_\_\_\_\_

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6. Do you have any additional remarks? \_\_\_\_\_

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Please provide the required narrative report with this form.

I certify that:

- I reviewed all records of this Player provided to me.
- I personally examined this Player.
- This Physician Report Form and the attached narrative report(s) accurately document my findings.
- My findings reflect my best professional judgment.
- I am not biased for or against this Player.

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Signature

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Date

## APPENDIX B

**PHYSICIAN REPORT FORM - ORTHOPEDICS**  
**LINE-OF-DUTY DISABILITY BENEFITS**

**Notice to Physician:** To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

**To be completed by NFL Player Benefits Office:**

**Player's name:** **DOB:** **Phone:**

**Player's address:**

**Player's Credited Seasons:**

**Claimed impairments:**

7. Did you receive records for this Player?  YES |  NO If so, how many pages? \_\_\_\_\_
8. Did you evaluate the Player?  YES |  NO If so, when? \_\_\_\_\_
9. Have you or your colleagues ever treated the Player previously?  YES |  NO
10. For **ORTHOPEDIC IMPAIRMENTS**, please rate the impairment(s) using the Point System for Orthopedic Impairments. (Attach additional sheets if necessary.)

Impairment	Occur.	Points	Cause	Comments
			<input type="checkbox"/> Illness <input type="checkbox"/> Other – _____ <input type="checkbox"/> NFL football <input type="checkbox"/> Unknown	
			<input type="checkbox"/> Illness <input type="checkbox"/> Other – _____ <input type="checkbox"/> NFL football <input type="checkbox"/> Unknown	
			<input type="checkbox"/> Illness <input type="checkbox"/> Other – _____ <input type="checkbox"/> NFL football <input type="checkbox"/> Unknown	
			<input type="checkbox"/> Illness <input type="checkbox"/> Other – _____ <input type="checkbox"/> NFL football <input type="checkbox"/> Unknown	

11. Is the Player's condition the primary or contributory cause of the surgical removal or major functional impairment of a **vital bodily organ or part of the central nervous system**?  YES |  NO

If you checked YES:

- Identify the affected body part or impairment(s) and describe the nature of the resulting surgical removal or major functional impairment. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Has this condition persisted or is it expected to **persist for at least 12 months** from the date of its occurrence, and excluding any reasonable recovery period?  YES |  NO

12. Do you have any additional remarks? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the required narrative report with this form.

I certify that:

- I reviewed all records of this Player provided to me.
- I personally examined this Player.
- This Physician Report Form and the attached narrative report(s) accurately document my findings.
- My findings reflect my best professional judgment.
- I am not biased for or against this Player.

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Signature

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Date

## APPENDIX C

### Point System for Orthopedic Impairments

#### **Introduction**

This Point System for Orthopedic Impairments (“Point System”) is used to determine whether a Player has a “substantial disablement” within the meaning of Plan section 5.5(a)(4)(B). The Point System assigns points to each orthopedic impairment recognized under the Plan. A Player is awarded the indicated number of points for each occurrence of each listed orthopedic impairment, but only where the Player’s orthopedic impairment arose out of League football activities, and the impairment has persisted or is expected to persist for at least 12 months from the date of its occurrence, excluding any reasonably possible recovery period.

A Player is awarded points only if his orthopedic impairment is documented according to the following rules:

1. A Player is awarded points for documented surgeries, injuries, and degenerative joint disease only if they are related to League football activities.
2. A Player is awarded points for a surgical procedure if the record includes an operative report for the qualifying procedure or if NFL Club records document the procedure. Surgical procedures reported through third party evaluations, such as independent medical examinations for workers’ compensation, should not be used unless corroborating evidence is available to confirm the procedure and its relationship to League football activities.
3. Points are awarded for symptomatic soft tissue injuries where the injury is documented and there are appropriate, consistent clinical findings that are symptomatic on the day of exam. For example, AC joint injuries must be documented in medical records and be symptomatic on examination, with appropriate physical findings, to award points.
4. If an injury or surgery is not listed in the Point System, no points should be awarded.
5. Medical records, medical history, and the physical examination must correlate before points can be awarded.
6. If a lateral clavicle resection is given points, additional points cannot be awarded if the AC joint is still symptomatic, such as with AC joint inflammation or shoulder instability.
7. Moderate or greater degenerative changes must be seen on x-ray to award points (i.e., MRI findings do not count).

8. Players must have moderate or greater loss of function that significantly impacts activities of daily living, or ADLs, to get points.
9. Cervical and lumbosacral spine injuries must have a documented relationship to League football activities, with appropriate x-ray findings, MRI findings, and/or EMG findings to be rated.
10. In cases where an injury is treated surgically, points are awarded for the surgical treatment/repair only, and not the injury preceding the surgical treatment/repair. For example, a Player may receive points for "S/P Pectoralis Major Tendon Repair," and if so he will not receive additional points for the "Pectoralis Major Tendon Tear" that led to the surgery.
11. As indicated in the Point System Impairment Tables, some injuries must be symptomatic on examination to merit an award of points under the Point System.
12. To award points for a subsequent procedure on the same joint/body part, the Player must recover from the first procedure and a new injury must occur to warrant the subsequent procedure. Otherwise, a revise/redo of a failed procedure would be the appropriate impairment rating.
13. Hardware removal is not considered a revise/redo of a failed surgery, and points are not awarded for hardware removal.
14. Multiple impairment ratings may be given related to a procedure on the same date, i.e., partial lateral meniscectomy and microfracture or chondral resurfacing.
15. When an ankle ORIF with soft tissue occurs, there should be no additional points for syndesmosis repair or deltoid ligament repair.

The Point System Impairment Tables are organized as follows:

- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Shoulder
- Elbow
- Wrist
- Hand
- Hip
- Knee
- Ankle
- Foot

## POINT SYSTEM IMPAIRMENT TABLES

<u>Cervical Spine Impairment</u>	<u>Point Value</u>
Documented Herniated Cervical Nucleus Pulposus With Radiculopathy (Does Not Include Disc Bulges Or Disc Protrusions)	5
Documented Cervical Radiculopathy With EMG And MRI, Supported By Findings Observed During Clinical Examination	5
Symptomatic Cervical Spondylolisthesis Grade I Or II	5
Symptomatic Cervical Spondylolisthesis Grade III Or IV	7
Cervical Compression Fracture With Greater Than 50% Compression Without Neurological Symptoms	8
Cervical Compression Fracture With Greater Than 50% Compression With Neurological Symptoms	10
Cervical Stress Fracture With Spondylolysis	3
S/P Cervical Disc Excisions	3
S/P Cervical Fusion - Single Level	5
S/P Cervical Fusion – Multiple Levels (add one point for each additional level of cervical fusion)	2 levels = 6 points, 3 levels = 7 points, etc.
Each surgical procedure to revise or redo a failed Cervical Spine Surgery (i.e., procedure that did not achieve intended results)	1
Symptomatic Documented Acute Unstable Cervical Spine Fracture Treated Non-Surgically	3

<u>Thoracic Spine Impairment</u>	<u>Point Value</u>
Documented Herniated Thoracic Nucleus Pulposus With Radiculopathy (Does Not Include Disc Bulges Or Disc Protrusions)	5

Thoracic Compression Fracture With Greater Than 50% Compression	5
S/P Thoracic Disc Excisions	3
S/P Thoracic Fusion - Single Level	5
S/P Thoracic Fusion – Multiple Levels (add one point for each additional level of thoracic fusion)	2 levels = 6 points, 3 levels = 7 points, etc.
Each surgical procedure to revise or redo a failed Thoracic Spine Surgery (i.e., procedure that did not achieve intended results)	1
Symptomatic Documented Acute Unstable Thoracic Spine Fracture Treated Non-Surgically	3

<u>Lumbar Spine Impairment</u>	<u>Point Value</u>
Documented Herniated Lumbar Nucleus Pulposus With Radiculopathy (Does Not Include Disc Bulges Or Disc Protrusions)	5
Documented Lumbar Radiculopathy With EMG And MRI, Supported By Findings Observed During Clinical Examination	5
Symptomatic Lumbar Spondylolisthesis Grade I Or II	5
Symptomatic Lumbar Spondylolisthesis Grade III Or IV	7
Lumbar Compression Fracture With Greater Than 50% Compression Without Neurological Symptoms	8
Lumbar Compression Fracture With Greater Than 50% Compression With Neurological Symptoms	10
Lumbar Stress Fracture With Spondylolysis	3
S/P Lumbar Disc Excisions	3
S/P Lumbar Fusion - Single Level	5

S/P Lumbar Fusion – Multiple Levels (add one point for each additional level of lumbar fusion)	2 levels = 6 points, 3 levels = 7 points, etc.
Each surgical procedure to revise or redo a failed Lumbar Spine Surgery (i.e., procedure that did not achieve intended results)	1
Symptomatic Documented Acute Unstable Lumbar Spine Fracture Treated Non-Surgically	3

<u>Shoulder Impairment</u>	<u>Point Value</u>
S/P Subacromial Decompression	1
S/P Lateral Clavicle Resection	2
S/P Pectoralis Major Tendon Repair	2
S/P Longhead Biceps Tenodesis Or Tenotomy	2
S/P Arthroscopic Stabilization Procedure with or without SLAP Repair	3
S/P Rotator Cuff Repair With Or Without Subacromial Decompression	3
S/P Total Shoulder Arthroplasty	5
Each surgical procedure to revise or redo a failed Shoulder Surgery (i.e., procedure that did not achieve intended results)	1
Symptomatic Acromioclavicular Joint Inflammation	2
Longhead Biceps Tendon Tear	1
Suprascapular Nerve Injury	1
Symptomatic Rotator Cuff Tendon Tear	2
Symptomatic Shoulder Instability	3
Pectoralis Major Tendon Tear	2

Glenohumeral Joint Degenerative Joint Disease - Moderate Or Greater (i.e., significant loss of joint space as confirmed by clinical examination and x-ray)	3
Loss Of Functional Range Of Motion - Moderate Or Greater (i.e., loss of motion that significantly impairs the Player's ability to perform normal activities of daily living (bathing, grooming, dressing, driving, etc.))	2
S/P ORIF Humerus Fracture	2
S/P Axillary Nerve Release	1
S/P Open Stabilization Procedure	4
S/P ORIF – Clavicle	2
S/P ORIF – Scapula	2

<u>Elbow Impairment</u>	<u>Point Value</u>
S/P Distal Biceps Tendon Repair	3
S/P Radial Head Excision	3
S/P Ulnar Collateral Ligament Repair/Reconstruction	3
S/P Radial Collateral Ligament Repair/Reconstruction	3
S/P Arthroscopy - Excision Of Bone Spurs, Removal Of Loose Bodies, Or Chondroplasty	3
S/P Total Elbow Arthroplasty	3
S/P Distal Triceps Tendon Repair	3
S/P Repair Of Medial And Lateral Epicondylitis	1
Each surgical procedure to revise or redo a failed Elbow Surgery (i.e., procedure that did not achieve intended results)	1
Symptomatic Complete Ulnar Or Radial Collateral Ligament Tear	3

Triceps Tendon Tear	3
Distal Biceps Tendon Tear	3
Peripheral Nerve Injury – Moderate Or Greater (i.e., nerve injury that significantly impairs the Player's ability to perform normal activities of daily living (bathing, grooming, dressing, driving, etc.))	1
Degenerative Joint Disease - Moderate Or Greater (i.e., significant loss of joint space as confirmed by clinical examination and x-ray)	3
Loss Of Functional Range Of Motion - Moderate Or Greater (i.e., loss of motion that significantly impairs the Player's ability to perform normal activities of daily living (bathing, grooming, dressing, driving, etc.))	2
S/P ORIF Radius And/Or Ulna Fracture	2
S/P Posterior Interosseus Nerve Release	1
S/P Ulnar Nerve Release Or Transposition	1
S/P Radial Nerve Release	1

<u>Wrist Impairment</u>	<u>Point Value</u>
S/P ORIF – Scaphoid	2
S/P ORIF - Distal Radius	2
S/P Scapholunate Ligament Repair	2
S/P Flexor Tendon Repair	2
S/P Extensor Tendon Repair	2
S/P Total Wrist Arthroplasty Or Fusion	3
Each surgical procedure to revise or redo a failed Wrist Surgery (i.e., procedure that did not achieve intended results)	1

Wrist Instability On Clinical Examination - Moderate Or Greater (i.e., instability that significantly impairs the Player's ability to perform normal activities of daily living (bathing, grooming, dressing, driving, etc.))	2
Loss Of Functional Range Of Motion - Moderate Or Greater (i.e., loss of motion that significantly impairs the Player's ability to perform normal activities of daily living (bathing, grooming, dressing, driving, etc.))	2
S/P Carpal Tunnel Release	2
Degenerative Joint Disease - Moderate Or Greater (i.e., significant loss of joint space as confirmed by clinical examination and x-ray)	3
S/P TFCC Repair	2
<b><u>Hand Impairment</u></b>	<b><u>Point Value</u></b>
S/P Thumb Amputation	4
S/P Hand Arthroplasty	3
S/P Finger Amputation	2
S/P ORIF - Metacarpal Or Phalanx Fracture	1
S/P Ulnar Collateral Ligament Repair	1
S/P Radial Collateral Ligament Repair	1
Each surgical procedure to revise or redo a failed Hand Surgery (i.e., procedure that did not achieve intended results)	1
Mediolateral Ligamentous Instability - Moderate Or Greater (i.e., instability that significantly impairs the Player's ability to perform normal activities of daily living (bathing, grooming, dressing, driving, etc.))	1
Decreased Range Of Thumb Motion Resulting In Loss Of Grip Or Pinch Strength - Moderate Or Greater (i.e., loss of grip or pinch strength that significantly impairs the Player's ability to perform normal activities of daily living (bathing, grooming, dressing, driving, etc.))	2

Decreased Range Of Finger Motion Resulting In Loss Of Grip Or Pinch Strength - Moderate Or Greater (i.e., loss of grip or pinch strength that significantly impairs the Player's ability to perform normal activities of daily living (bathing, grooming, dressing, driving, etc.))	1
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<u>Hip Impairment</u>	<u>Point Value</u>
S/P Total Hip Arthroplasty	5
S/P Arthroscopic Hip Procedure Including Labral Repair, Debridement, Removal Of Loose Bodies, or Chondroplasty	3
S/P ORIF - Acetabular Fracture	3
S/P ORIF - Hip Fracture	3
S/P ORIF - Femur Fracture	3
Each surgical procedure to revise or redo a failed Hip Surgery (i.e., procedure that did not achieve intended results)	1
Acetabular Fracture - Closed Treatment	2
Hip Fracture - Closed Treatment	2
Degenerative Joint Disease - Moderate Or Greater (i.e., significant loss of joint space as confirmed by clinical examination and x-ray)	3
Loss Of Functional Range Of Motion - Moderate Or Greater (i.e., loss of motion that significantly impairs the Player's ability to perform normal activities of daily living (bathing, grooming, dressing, driving, etc.))	3
S/P Athletic Pubalgia Repair, Sports Hernia Repair, Or Adductor Release	2
S/P Proximal Hamstring Repair	2

<u>Knee Impairment</u>	<u>Point Value</u>
S/P Total Knee Arthroplasty	5
S/P Unicompartment Knee Arthroplasty	4
S/P Patellectomy	4
S/P ACL Or PCL Reconstruction	4
S/P ACL Or PCL Reconstruction With Partial Meniscectomy(ies) Or Meniscal Repair(s)	6
S/P ACL Or PCL Reconstruction With Partial Meniscectomy(ies) Or Meniscal Repair(s) And Microfracture Or Chondral Resurfacing	7
S/P ACL Or PCL Reconstruction With Microfracture Or Chondral Resurfacing	6
S/P ORIF - Patella Fracture	3
S/P ORIF - Tibial Plateau Fracture	3
S/P ORIF - Distal Femur Fracture	3
S/P Arthroscopy - Microfracture Or Chondral Resurfacing	3
S/P Posterolateral Corner Reconstruction	3
S/P Posterolateral Corner Reconstruction With Partial Meniscectomy(ies) Or Meniscal Repair(s)	5
S/P Posterolateral Corner Reconstruction With Microfracture or Chondral Resurfacing	5
S/P Posterolateral Corner Reconstruction With Partial Meniscectomy(ies) Or Meniscal Repair(s) And Microfracture Or Chondral Resurfacing	6
S/P Patellar Tendon Repair	3
S/P Quadriceps Tendon Repair	3

S/P Arthroscopy - Partial Lateral Or Medial Meniscectomy(ies) Or Meniscal Repair(s)	2
S/P MCL Or LCL Repair	2
S/P MCL Or LCL Repair With Partial Meniscectomy(ies) Or Meniscal Repair(s)	3
S/P MCL Or LCL Repair With Microfracture Or Chondral Resurfacing	3
S/P MCL Or LCL Repair With Partial Meniscectomy(ies) Or Meniscal Repair(s) And Microfracture Or Chondral Resurfacing	4
Each surgical procedure to revise or redo a failed Knee Surgery (i.e., procedure that did not achieve intended results)	1
Symptomatic ACL Or PCL tear	3
Patellar Instability	2
Quadriceps, Hamstring, Adductor, Or Gastroc/Soleus Tear With Residual Weakness - Moderate Or Greater (i.e., weakness that significantly impairs the Player's ability to perform normal activities of daily living (bathing, grooming, dressing, driving, etc.))	2
Peripheral Nerve Injury – Moderate Or Greater (i.e., nerve injury that significantly impairs the Player's ability to perform normal activities of daily living (bathing, grooming, dressing, driving, etc.))	1
Degenerative Joint Disease - Moderate Or Greater (i.e., significant loss of joint space as confirmed by clinical examination and x-ray)	3
Loss Of Functional Range Of Motion - Moderate Or Greater (i.e., loss of motion that significantly impairs the Player's ability to perform normal activities of daily living (bathing, grooming, dressing, driving, etc.))	3
S/P Arthroscopy – Chondroplasty Not Performed With Other Procedures)	1
S/P MCL Or LCL Reconstruction	3
S/P MCL Or LCL Reconstruction With Partial Meniscectomy(ies) Or Meniscal Repair(s)	4

S/P MCL Or LCL Reconstruction With Microfracture Or Chondral Resurfacing	4
S/P MCL Or LCL Reconstruction With Partial Meniscectomy(ies) Or Meniscal Repair(s) And Microfracture Or Chondral Resurfacing	5
S/P Peroneal Nerve Release	1
S/P Arthroscopy – Chondroplasty With Lateral Release	2
S/P Patella Stabilization	3
Symptomatic MCL Tear with Moderate Or Greater Instability	2
Symptomatic LCL Tear	2

<u>Ankle Impairment</u>	<u>Point Value</u>
S/P Ankle Fusion	5
S/P ORIF - Ankle Fracture With Or Without Soft Tissue Repair	3
S/P Arthroscopy - Chondroplasty And Microfracture Or Chondral Resurfacing	3
S/P Achilles Tendon Repair	3
S/P Lateral Ligament Repair Or Reconstruction	3
S/P Deltoid Ligament Repair Or Reconstruction	3
S/P Arthroscopy - Excision Of Spurs For Impingement	3
Closed Or Open Treatment Of Subtalar Dislocation	2
S/P Posterior Tibial Tendon Repair	2
S/P Tibialis Anterior Tendon Repair	2
S/P Peroneal Tendon Repair	2
S/P Tibial Intramedullary Nail Fixation Or ORIF	2

S/P Arthroscopy - Chondroplasty And Removal Of Loose Bodies	2
S/P Excision Of Os Trigonum	1
Each surgical procedure to revise or redo a failed Ankle Surgery (i.e., procedure that did not achieve intended results)	1
Posterior Tibial Tendon Insufficiency	3
Tibialis Anterior Tendon Insufficiency	3
Degenerative Joint Disease - Moderate Or Greater (i.e., significant loss of joint space as confirmed by clinical examination and x-ray)	3
Loss Of Functional Range of Motion - Moderate Or Greater (i.e., loss of motion that significantly impairs the Player's ability to perform normal activities of daily living (bathing, grooming, dressing, driving, etc.))	3
S/P Syndesmosis Repair	2
S/P Tarsal Tunnel Release	1

<u>Foot Impairment</u>	<u>Point Value</u>
S/P Subtalar Fusion	5
S/P Great Toe Amputation	4
S/P Lisfranc Joint Fusion	4
S/P ORIF - Lisfranc Injury	3
S/P ORIF - Navicular Fracture	3
S/P ORIF - Talus Fracture	3
S/P ORIF - Calcaneus Fracture	3
S/P ORIF - Metatarsal Fracture	2

S/P Great Toe Fusion	2
S/P Lesser Toe Amputation	2
S/P Plantar Fascial Release	1
S/P Cheilectomy	1
Each surgical procedure to revise or redo a failed Foot Surgery (i.e., procedure that did not achieve intended results)	1
Hallux Rigidus - Moderate Or Greater (i.e., significant loss of joint space as confirmed by clinical examination and x-ray)	1
Hind-Foot Degenerative Joint Disease - Moderate Or Greater (i.e., significant loss of joint space as confirmed by clinical examination and x-ray)	2
Mid-Foot Degenerative Joint Disease - Moderate Or Greater (i.e., significant loss of joint space as confirmed by clinical examination and x-ray)	2
S/P Morton's Neuroma Excision	1
S/P Sesamoid Excision	1